

## 2007 Farmers' Market or Farmstand Monitoring Form

Market \_\_\_\_\_ Location \_\_\_\_\_

Date \_\_\_\_\_ Reviewer Name \_\_\_\_\_

### PART I: ON-SITE MONITORING

#### A. Observations

1. Indicate fruits, vegetables and herbs for sale at the market and prices (if posted):

PRODUCE	Price	PRODUCE	Price	PRODUCE	Price
Apples	_____	Lettuce	_____	Others – List	_____
Artichokes	_____	Loganberries	_____		_____
Asparagus	_____	Marionberries	_____		_____
Beans (string)	_____	Mushrooms	_____		_____
Beets	_____	Napa Cabbage	_____		_____
Blackberries	_____	Onions (green)	_____		_____
Blueberries	_____	Onions (yellow)	_____		_____
Bok Choy	_____	Parsnips	_____		_____
Boysenberries	_____	Peaches	_____		_____
Broccoli	_____	Pears	_____		_____
Brussels Sprouts	_____	Peas	_____		_____
Cabbage	_____	Peppers	_____		_____
Cantaloupe	_____	Plums	_____		_____
Carrots	_____	Potatoes	_____		_____
Cauliflower	_____	Pumpkins	_____		_____
Celery	_____	Radishes	_____		_____
Chard	_____	Raspberries	_____		_____
Cherries	_____	Rhubarb	_____		_____
Chives	_____	Rutabagas	_____		_____
Corn	_____	Snow Peas	_____		_____
Cucumber	_____	Spinach	_____		_____
Garlic	_____	Squash	_____		_____
Greens	_____	Strawberries	_____		_____
Kale	_____	Tomatoes	_____		_____
Kohlrabi	_____	Turnips	_____		_____
Leeks	_____	Zucchini	_____		_____

2. Is quantity and variety adequate for the average number of customers that show up on Market Day?  
                     \_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Ask to see any FMNP Coupons redeemed that day. Are coupons used within allowable time frame?  
                     \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_ No coupons redeemed on day of visit

4. How many farmers are selling during the day of the visit? \_\_\_\_\_

5. Are FMNP signs prominently displayed?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

B. Interview with Farmers(s) (If possible, interviews with more than one farmer should be completed.)

1. Farm Name \_\_\_\_\_ Representative \_\_\_\_\_

Ask farmer to briefly go over how he/she handles a WIC transaction. Check steps completed during transaction:

\_\_\_\_\_ checks dates on coupon \_\_\_\_\_ stamps his own farmer's code

Are there any problems with WIC customers or any other aspects of the Program? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe: \_\_\_\_\_

Comments or suggestions from individual farmers:

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2. Farm Name \_\_\_\_\_ Representative \_\_\_\_\_

Ask farmer to briefly go over how he/she handles a WIC transaction. Check steps completed during transaction:

\_\_\_\_\_ checks dates on coupon \_\_\_\_\_ stamps his own farmer's code

Are there any problems with WIC customers or any other aspects of the Program? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe: \_\_\_\_\_

Comments or suggestions from individual farmers:

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3. Farm Name \_\_\_\_\_ Representative \_\_\_\_\_

Ask farmer to briefly go over how he/she handles a WIC transaction. Check steps completed during transaction:

\_\_\_\_\_ checks dates on coupon \_\_\_\_\_ stamps his own farmer's code

Are there any problems with WIC customers or any other aspects of the Program? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe: \_\_\_\_\_

Comments or suggestions from individual farmers:

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C. Interview Market Manager/Representative (if available)

Name of Market Manager \_\_\_\_\_

1. Has the market organization/management structure changed since the agreement was signed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. When was farmer training/instruction last done? \_\_\_\_\_
3. Does the market provide signs, copies of the Farmers' Market Nutrition Program Rules, instructions for handling the customer coupons and other appropriate material to participating farmers?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
4. Are there any problems with WIC customers or other aspects of the Program? \_\_\_\_ Yes \_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Would he/she like a training session or additional program materials?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
6. Is he/she aware of the WIC Program complaint form?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
7. If problems were identified during the monitoring visit, how does he/she plan to correct these problems?

D. Comments

Signatures:

\_\_\_\_\_  
Local WIC Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Market Manager

\_\_\_\_\_  
Date

**PART II: AFTER THE ON-SITE VISIT**

A. Describe general impressions from the actual visit:

B. Describe any problem areas:

C. Does reviewer know, either from participant complaints or from the on-site monitoring visit, if farmers selling at this market or farmstand have:

YES NO

___	___	Provided cash or credit for FMNP coupons?
___	___	Provided non-food items for FMNP coupons?
___	___	Provided unauthorized food items?
___	___	Charged WIC customers more than non-WIC customers?
___	___	Charged for items not received?
___	___	Redeemed coupons after the period specified?

D. Reviewer's recommendations: